



Delete OCF/SCF User

This form is to delete a user account on the open (OCF) and secure (SCF) computing facility machines.
Please return OTP token to LC Customer Service Group, LLNL P.O. Box 808, L-63 Livermore CA 94550

Section A: User Information

Last Name		First Name	Middle Initial
Official User Name (last name + number)*	Clearance Level (Q, L, P)	Citizenship (if not U.S., include VTS/Fast Track numbers)	
Unclassified E-mail		Phone	
Regular LC User Name	Effective Date	UID (for LC use only)	

Section B: LLNL Employees Only

Directorate/Department/Division	Employee Number	L-Code
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Section C: Non-LLNL Employees Student Information, and LLNL Off-Site Only Users

Complete Company or School Name and Address (including ZIP code)	
Please specify current mailing address, if different from address specified above.	
Company Supervisor or Academic Advisor Name (please print)	Company Supervisor or Academic Advisor Phone

Section D: Access Information

Regular user names to be deleted for user specified in Section A
<input type="checkbox"/> All user names
<input type="checkbox"/> Specific user names _____
OCF systems/machines access to delete for user specified in Section A
<input type="checkbox"/> All systems/machines
<input type="checkbox"/> Specific systems/machines _____
SCF systems/machines access to delete for user specified in Section A
<input type="checkbox"/> All systems/machines
<input type="checkbox"/> Specific systems/machines _____

Section E: Data Information (All other resources will be destroyed and all soft links will be broken)

Home Directory	AR Numbers (for LC use only)
<input type="checkbox"/> Destroy All OR <input type="checkbox"/> Transfer all ownership to (user name or OUN) _____	
Storage	
<input type="checkbox"/> Destroy All OR <input type="checkbox"/> Transfer all ownership to (user name or OUN) _____	
/usr/gapps	
<input type="checkbox"/> Destroy All OR <input type="checkbox"/> Transfer all ownership to (user name or OUN) _____	
Other Directories:	
Please Specify _____	
<input type="checkbox"/> Destroy All OR <input type="checkbox"/> Transfer all ownership to (user name or OUN) _____	
Comments	

Section F: LLNL Computer Coordinator Authorization

Computer Coordinator Name (please print)	Computer Coordinator Signature	Date
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Mail or fax completed forms to LC Customer Service Group

Lawrence Livermore National Laboratory, PO Box 808 L-63, Livermore CA 94551 • Fax (925) 422-0592

Questions? Contact the LC Customer Service Group by phone at (925) 422-4531, Option 2 or send e-mail to lc-support@llnl.gov